

Case Number:	CM14-0076305		
Date Assigned:	07/18/2014	Date of Injury:	07/28/2003
Decision Date:	02/20/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 46-year-old male with a 7/28/03 date of injury, and status post L5-S1 laminectomy with disc extrusion on 8/17/03. At the time (4/21/14) of request for authorization for Tizanidine 4mg #30, 1 tab QHS PRN, Refill 2 and Ibuprofen 800mg #90, 1 tab TID PRN, Refill 2, there is documentation of subjective (6/10 lumbar spine pain radiating down the right leg, all the way to the lateral aspect of the knee) and objective (positive stoop test, mildly antalgic gait, flexion 30/90 degrees, extension 10/25 degrees, right and left lateral flexion 10/25 degrees, and all motions result in a spasm at end point) findings, current diagnoses (status post L5-S1 laminectomy with disc extrusion, bilateral L1 through S1 facet joint syndrome, bilateral sacroiliac joint sprain and dysfunction, and lumbar spine radiculopathy, clinically), and treatment to date (medications (including ongoing treatment with Tizanidine and Ibuprofen since at least 1/31/14), surgery, and acupuncture). Regarding Tizanidine 4mg #30, 1 tab QHS PRN, Refill 2, there is no documentation of acute exacerbations of chronic low back pain, the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date. Regarding Ibuprofen 800mg #90, 1 tab TID PRN, Refill 2, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tizanidine 4mg #30, 1 tab QHS PRN, Refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 laminectomy with disc extrusion, bilateral L1 through S1 facet joint syndrome, bilateral sacroiliac joint sprain and dysfunction, and lumbar spine radiculopathy, clinically. In addition, there is documentation of chronic low back pain with spasms. However, there is no documentation of acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Tizanidine since at least 1/31/14, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 4mg #30, 1 tab QHS PRN, Refill 2 is not medically necessary.

Ibuprofen 800mg #90, 1 tab TID PRN, Refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70,72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of

NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 laminectomy with disc extrusion, bilateral L1 through S1 facet joint syndrome, bilateral sacroiliac joint sprain and dysfunction, and lumbar spine radiculopathy, clinically. In addition, there is documentation of chronic low back pain. However, given documentation of ongoing treatment with Ibuprofen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800mg #90, 1 tab TID PRN, Refill 2 is not medically necessary.